
MEMORANDUM

May 6, 2020

To: Governors' Offices
From: Bill McBride, National Governors Association
Re: Access and Functional Needs Considerations for COVID-19 Response and Recovery Planning

Background

The COVID-19 pandemic presents unique challenges for the access and functional needs (AFN) of individuals with temporary or permanent challenges accessing or receiving medical care, support services and/or accommodations before, during or after a public health emergency.¹ These individuals have existing needs to be considered in emergency response and recovery plans and may be disproportionately impacted by the pandemic (e.g., at increased risk for infection, morbidity and mortality depending on their current circumstances). In addition, emergency response activities and mitigation policies themselves may inadvertently create new disruptions to accessing care and supports for this population.

The Pandemic and All-Hazards Preparedness Act of 2006 required the Secretary of Health and Human Services (HHS) to consider the public health and medical needs of at-risk individuals during public health emergencies.² In 2019, Congress expanded the definition of at-risk populations to include those who have other access or functional needs, as determined by the Secretary of HHS.³ The framework developed by the HHS Assistant Secretary for Preparedness and Response may serve as a guide for how states may plan for the needs of AFN populations during the COVID-19 response. Specifically, framework includes integrating AFN-informed approaches for at-risk populations in **Communication, Maintaining health, Independence, Support & safety and Transportation needs, or CMIST.**⁴

Governors play an essential role in leading development and implementation of inclusive emergency response throughout all phases of the COVID-19 crisis. To do so effectively, governors could direct emergency managers to partner with relevant cabinet officials and key stakeholder partners to coordinate cross-sector approaches to achieve AFN-inclusive emergency planning. This

¹ People with and without disabilities who have physical, programmatic and effective communication accessibility requirements. (FEMA's Office of Disability Integration and Coordination).

² Pandemic and All-Hazards Preparedness Act of 2006. Pub. L. No. 109-417. HHS defined at-risk individuals as children, pregnant women, older adults, disabled individuals and individuals with limited English proficiency.

³ Pandemic All-Hazards Preparedness and Advancing Innovation Act of 2019, Pub. L. No. 116-22. Examples of other populations with access or functional needs, as defined by HHS, include individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic health conditions, and individuals who have pharmacological dependency.

⁴ U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response. At-risk individuals with access and functional needs.
<https://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>

memo provides state emergency planners with high-level administrative and policy considerations for that purpose.

Inclusive Emergency Planning

Inclusive emergency planning means using a "baked in" approach where AFN are considered in every phase and every aspect of the planning process.⁵ Past emergencies have exposed the inequities in emergency response planning for the AFN community that has the likelihood of occurring in the COVID-19 pandemic. The tendency to under-plan for the AFN community during periods of emergency is largely attributed to a general misunderstanding of their unique needs.⁶ State leaders can demonstrate leadership in the space of emergency management by engaging in inclusive emergency planning and considering the important needs of people of all ages and abilities.

Emergency management teams should solicit input from individuals with access and functional needs to inform their planning. As AFN encompasses a diverse group, representative input from a few communities may be informative (e.g., people with disabilities, people who are blind or deaf and hard of hearing, and others) and can inform policies and operational approaches that effectively address identified challenges and tailor services and supports to optimize safety, wellbeing, and independence in the event of an emergency. Governors and state leaders could build on relationships with champions of individuals with AFN for input to inform their emergency management response planning. Issue areas that have the greatest impact on people with AFN include:

- Notification of an emergency;
- Evacuation;
- Emergency transportation;
- Sheltering;
- Access to medications, refrigeration, and back-up power;
- Access to their mobility devices or service animals while in transit or at shelters; and
- Access to information.⁷

Governors may consider leveraging existing community advisory groups to aide in response and recovery planning. Pandemic-specific AFN advisory groups may also be stood up ad hoc, and regular stakeholder meetings with the AFN communities can provide specific recommendations for emergency plans, policies, and procedures.

Many states have developed toolkits to guide more inclusive emergency planning. Some examples include:

- [Maryland's Planning for People with Disabilities and Others with Access and Functional Needs Toolkit](#),
- [Massachusetts' Public Health Planning Toolkit for At-Risk Individuals with Access and Functional Needs, and](#)

⁵ Administration for Community Living. "Three Questions about Inclusive Emergency Preparedness for People With Disabilities." <https://acl.gov/news-and-events/acl-blog/three-questions-about-inclusive-emergency-preparedness-people-disabilities>

⁶ The Yale Law Journal. *The Right To Be Rescued: Disability Justice in an Age of Disaster*. <https://www.yalelawjournal.org/note/the-right-to-be-rescued>

⁷ U.S. Department of Justice, Civil Rights Division. "An ADA Guide for Local Governments Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities." <https://www.ada.gov/emergencyprepguide.htm>

- [Minnesota’s Functional Needs Planning Toolkit for Emergency Planners.](#)

During an emergency, while operational planning is underway, governors may consider designating an AFN advocate in the Emergency Operations Center to advocate for AFN considerations and engage with AFN communities throughout the response and recovery.

Function-based Strategies

Governors can adopt a variety of strategies to emergency activities are inclusive. Perhaps most importantly, governors should ensure that emergency response and mitigation activities minimally disrupt the services and supports upon which people with AFN depend. The predictability and stability of normal support systems is important to communities that may be already vulnerable, and when impacted by public health crises, modifications should take this into consideration.⁸

When emergency activities do require changes to critical programs and services, governors may consider using a function-based approach to guide planning. A functional framework, such as that laid out in CMIST, allows leaders to engage in more effective and equitable planning for populations with AFN while meeting the needs of a broader population.

The strategies outlined in this memo provide guidance on emergency planning and response for people with AFN generally and, when relevant, link to more detailed analyses for additional considerations.

Communication Needs

- **Embed AFN experts in the Joint Information Center.** Include an expert in the Joint Information Center to provide more efficient and effective coordination and dissemination of messaging to individuals with AFN, including those who are deaf, hard of hearing, blind, or low vision. The expert can provide best practices on adhering to Web Content Accessibility Guidelines to ensure web-communications accessibility across websites, digital assets, color contrast, captioning, etc.⁹
- **Diversify the messaging for your audience.** With input from an advisory group, identify or develop trainings for state personnel and others on effective communication approaches for the AFN communities, recognizing a diverse composition that may require different adaptations. For example, continue to provide information and communication in alternate formats which include but are not limited to interpreters, captions, braille, language appropriate materials (e.g., 3rd grade level for those with limited language comprehension) so that everyone understands policy in a rapidly changing environment.¹⁰
- **Elevate existing or establish a constituent services hotline for individuals with AFN.** Provide a dedicated hotline to intake calls and triage issues from AFN communities. Train hotline staff on how to speak to individuals from various subsets of these communities and provide supportive communication devices such as TTY/TDD phones, Cap Tel phones (for captioning), video calling capabilities, etc.
- **Consider delivering customized reports.** Provide consistent and timely reports on the status of emergency response and recovery activities that may affect AFN communities.

⁸ [NGA Memo on the Overview of State Actions on Business Closure and Personal Movement Restrictions in Response to COVID-19](#)

⁹ Web Accessibility Initiative. “Web Content Accessibility Guidelines (WCAG).” <https://www.w3.org/WAI/standards-guidelines/wcag/>

¹⁰ [NGA Memo on the Overview of State Actions on Business Closure and Personal Movement Restrictions in Response to COVID-19](#)



Customized reports can address the specific concerns and needs of the AFN communities that may not be captured in general public reporting.

- **Provide communication supports at drive-through or walk-up testing sites.** Work with health system commercial partners (e.g., CVS Health, Walmart, and others) to provide virtual interpreting services at mobile testing sites for those who are deaf, hard of hearing, or for whom English is a second language. Train on-site staff on how to speak with individuals with AFN and consider providing support communication devices for low vision users including computer assisted real-time translation, synthesizers used with PCs for text-to-speech, braille, screen readers, screen magnification programs, scanning systems as well as others.

Health and Medical Needs

- **Ensure the health and human services needs of the AFN community are included in emergency management protocols.** People with AFN are often offered services and supports that meet their unique needs through federal, state and local programs. Cabinet officials in health and human services (and other relevant areas) should assist in developing and revising emergency management protocols. As administrators, regulators and decision makers for these programs, they can inform the emergency managers of existing supports and how they may be modified to address the needs of the AFN community during and after a public health crisis.¹¹
- **Partner with public and private entities to address AFN needs in standing up testing sites.** Consider what medical equipment individuals with AFN require at testing locations. Individuals who use devices rely on electricity to function and, in many cases, may not have access to a generator or other source of electricity. See NGA [memo](#) on Capacity for COVID-19 Testing – Current Status and Considerations for more information.
- **Prioritize at-risk communities.** Prioritize services and resources for at-risk populations such as older adults and people with disabilities living in nursing homes, residential facilities, and in-home and community service providers and recipients. Engage cabinet officials who administer programs for these populations to inform inclusive emergency planning. See NGA [memo](#) on Strategies for COVID-19 Response for Older Adults and People with Disabilities for more information.
- **Expand telehealth services.** Take steps to ensure that a broader group of providers will be able to utilize telehealth services (including those who have not offered telehealth previously) to ensure more appointments, providers, and care are available to AFN communities. Along with other advantages, reducing the need to travel for medical care will reduce strain on transportation resources, which may be limited for those with AFN. See NGA [memo](#) on Gubernatorial Strategies for Telehealth for detailed information and state examples.
- **Extend prescription refills and delivery.** Maximizing availability of extended prescription refills and delivery services for individuals who are homebound or at particularly high risk due to health conditions and may lack adequate supports at this time.

Maintaining Independence Needs

- **Expand services of community feeding operations.** Social distancing measures, loss of employment, and disruption in regular social services may place people with AFN in situations where they are food insecure and need additional support to get groceries and meals. Governors can ensure the provision of paratransit services for AFN communities

¹¹ See additional considerations: <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>

who are unable to transport themselves or have access to reliable transit to food distribution centers. These operations should also consider facility locations and whether it is outfitted with ramps and other mobility aids.

- **Provide temporary accessible housing options.** Consider AFN communities should they need housing during an emergency or are unable to return to their home of origin. Emergency managers should identify or work with the commercial sector (such as hotels, motels or trailers) when possible to obtain physically accessible short-term housing. Secure accommodations with appropriate communication devices, such as TTY's, to ensure individuals with communication disabilities can reach family, friends, and medical professionals.
- **Return individuals with disabilities to their original housing.** Consider how to return people to their housing of origination, if they need to relocate due to risk of exposure. Factors may include housing availability, whether it is safe to return, and need for live-in assistance. Adopt financial assistance programs after the emergency to allow people to pay for rent, utility, and other housing expenses to allow for housing stability.
- **Ease state administrative mandates in a safe way.** Work with provider and family stakeholders to thoughtfully and safely relax state administrative mandates that optimize direct service delivery while preserving safety standards. This may include modifying state standards and adapting state rules for the provision of home- and community-based services (e.g., relaxing rules on background checks to assist in the provision of vital services like meal and grocery delivery, as well as temporarily waiving rules on nutrition standards). See NGA [memo](#) on Strategies for COVID-19 Response for Older Adults and People with Disabilities for additional information.

Personal Care Assistance Needs

- **Adjust workforce policies to expand services and supports to AFN individuals requiring services in the community.** Consider the essential role of personal care aides, home health workers, and other professionals offering life-sustaining services to individuals who are homebound. Governors may consider providing hazard and incentive pay, paid sick time, overtime, personal protective equipment, and testing need to keep themselves and their clients safe.¹² See the NGA [memo](#) on Gubernatorial Strategies for Health Care Workers and Facility Capacity and [memo](#) on Strategies for COVID-19 Response for Older Adults and People with Disabilities for detailed information on supporting this workforce.
- **Plan for service animals.** Adopt procedures to ensure that people with AFN who use service animals are not separated from their service animals at testing sites, even if pets are normally prohibited in the facility. While you cannot unnecessarily segregate persons who use service animals from others, you may consider the potential presence of persons who, for safety or health reasons, should not be with certain types of animals.
- **Work with the business community.** Work with business partners to set aside shopping times specifically for people with AFN communities at grocery stores and pharmacies (including staff assistance with shopping and securing parking while limiting to the maximum extent possible the need for individuals with mobility issues who do not need to leave their cars).¹³

Transportation

¹² Ibid.

¹³ Ibid.

- **Identify transportation needs.** Identify transportation systems (e.g., paratransit) and routes used by AFN communities and ensure they are operational during an emergency by providing adequate staffing and funding that allows for social distancing approaches. Transportation plans should address accessible transportation needs for people who use wheelchairs, scooters, or other mobility aids, as well as people who are blind or who have low vision. Deploy technologies such as Geographic Information Systems to maintain and improve notices of road closures and traffic delays.
- **Enhance emergency transportation services.** Establish emergency transportation services agreements to fill transportation gaps for AFN communities. Review the terms of these contracts regularly to ensure that they continue to meet the accessibility needs of AFN communities. Provide training to contractors so that they understand how best to coordinate their activities with your overall accessibility plan for emergency services.

Conclusion

The COVID-19 outbreak has revealed many challenges, including how to maintain needed services and supports for AFN communities. Actively engaging in inclusive planning with key state leaders and community stakeholder partners and champions can help governors embrace an effective “whole community” approach to guide key policy decisions and response activities for AFN communities.

Other Key Resources

- [ASPR’s CMIST Framework](#)
- [FEMA’s Access and Functional Needs Fact Sheet](#)
- [National Council on Disability’s Effective Emergency Management: Making Improvements for Communities and People with Disabilities](#)

For questions or concerns related to the contents of this memo, please contact NGA staff:

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